



Learning and Engagement Programs Waiver

This agreement must be completed by the (18 or older) participant or by the (under 18) participant's parent/Legal Guardian in order to participate in the activities associated with this program.

Participant Name (Print full name): _____

Age (if under 18): _____

Program: Thanksgiving Point Summer Camps 2020

PHOTO RELEASE

Participants in Thanksgiving Point Institute (TPI) programs are sometimes photographed and videotaped for use in TPI promotional and educational materials. By signing below (unless noted otherwise) I agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

I DO NOT AGREE to the photo release (check box).

EMERGENCY TRANSPORT RELEASE

In the event of an emergency, by signing below I hereby give permission to the TPI Emergency Medical Staff who responds to secure transport and hospitalization at their discretion for any threat of life or limb.

LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT

By signing below, I acknowledge that educational programs offered through TPI include the risk of personal injury to participants including me (or my child or legal charge). I assume all risk and liability resulting from me (or my child/charge) participating in any TPI program. I agree to release, indemnify and hold harmless TPI, its employees, agents, guest instructors, contractors, volunteers and venue owners from and against any and all liabilities, damages, medical costs, attorney's fees, etc. that I or my child/charge may incur as a participant of a TPI educational program by any cause, including by the acts, inactions or negligence of TPI, its employees, agents, guest instructors, contractors, volunteers, venue owners or other program participants. I take full responsibility for the actions and physical condition of myself or my child/charge in any TPI program.

Parent/Guardian Signature: _____ Date: _____



Learning and Engagement Programs Health Form

MEDICAL HISTORY FORM

Name of attendee: _____ Birth Date: _____ Sex: M / F

Parent/Legal Guardian: _____ Phone #: _____

If your child is running a fever or exhibiting other signs of infection or illness, they will not be able to attend camp. If illness arises during camp, parent/guardian will be notified and requested to pick up their camper.

Name of Physician: _____ Phone # of Physician: _____

Environmental allergies: _____

Drug allergies: _____

Food allergies: _____

Medications taken or prescribed: _____

Chronic or recurring illnesses: _____

Other diseases or details of above: _____

Please describe any special assistance needed or accessibility restrictions: _____

Details from above or other pertinent information: _____
